

Charter: (Example VA123 _____) Crew _____	CIVIL AIR PATROL COUNTERDRUG APPLICATION (This form is subject to the Privacy Act of 1974)	Date: _____ (mm/dd/yy)
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INSTRUCTIONS Fill in all items. If the answer is "no" or "none", so state. If additional space is needed, use an additional sheet of paper. Form must be typed or computer generated.

Type Application: _____					
1. NAME (Last, First, & MI)			2. HOME ADDRESS: STREET:		
3. Have you ever been known by any other name? If so, specify: _____			CITY: _____ STATE: _____ ZIP: _____		
4. SOCIAL SECURITY NUMBER:		5. PLACE OF BIRTH (CITY, STATE):		6. DATE OF BIRTH	
7. HOME PHONE NO.:	8. BUSINESS PHONE NO.:	9. MALE _____ FEMALE _____	10. DRIVER'S LIC NO.:	11. STATE.	
12. LIST RESIDENCIES DURING THE LAST 3 YEARS BELOW, IN REVERSE ORDER. BEGIN AT THE TOP WITH YOUR PRESENT ADDRESS.					
DATES:					
FROM	TO	NUMBER AND STREET	CITY	COUNTY	ST
	Present				
13. Have you ever served in the U.S. Armed Forces? YES _____ NO _____		14. Type of Discharge: _____ ACTIVE DUTY: _____ If "OTHER" explain on a separate piece of paper and attach.			
15. U.S. CITIZEN: YES _____ NO _____ NATURALIZED _____ CERTIFICATE NO. _____ ALIEN: COUNTRY OF BIRTH _____ REGISTRATION NO. _____					
16. EMPLOYMENT: Current Employer _____ Employer Address _____ Date Employed _____ Type of Work _____					
17. Do you now use or have you within the past year used any substance listed or any controlled substance that was not prescribed by a physician? NO _____ YES _____ (If YES, list the substance(s) and explain on separate sheet.) MARIJUANA _____ COCAINE _____ HEROIN _____ HASHISH _____ LSD _____ OTHER SUBSTANCES _____ (LIST EACH) _____					
18. ARREST: Have you ever been arrested _____, taken into custody _____, held for investigation _____, questioned by any law enforcement agency _____? (Indicate YES or NO in each block). IF YES, A FULL EXPLANATION , INCLUDING DATE(S), REASON AND OUTCOME, ON A SEPARATE PAGE, IS REQUIRED!					

I understand and acknowledge:

1. That this form will be submitted to the Drug Enforcement Administration (DEA) and the United States Customs Service (USCS) as part of their mandatory' screening process;
2. That successful screening by these agencies is required before I will be permitted to perform certain volunteer service for these and other federal agencies;
3. That false statements to federal agencies is a criminal offense under United States Code Title 18, Section 1001;
4. That furnishing the required information is voluntary, but failure to accurately provide complete information may result in denial of clearance and/or termination of Civil Air Patrol membership; and
5. Rejection by either DEA or USCS, for any reason, may result in resubmission of my fingerprints to the FBI for membership screening in accordance with CAPR 39-2.
6. CAP-USAF Liaison Office personnel and USAF Reservists applications only require the CAP-USAF Liaison Region Commanders signature.
7. I authorize submission of this form to DEA and USCS.

APPLICANT SIGNATURE

(PLEASE SIGN WITH INK) (ORIGINAL SIGNATURE REQUIRED) Date _____

WING CDO

(PLEASE SIGN WITH INK) (ORIGINAL SIGNATURE REQUIRED)
(Not required for CAP-USAF or Reservists) Date _____

CAP WG/CC OR
CAP-USAF LR/CC

(PLEASE SIGN WITH INK) (ORIGINAL SIGNATURE REQUIRED) Date _____

(PLEASE PRINT WING/CC or CAP-USAF LR/CC NAME) Date _____

DEA CERTIFICATION

_____ Date _____

US CUSTOMS CERTIFICATION

_____ Date _____